

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

02-01-03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.300 (Subpart D)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ - 1,436,458

b. FFY 2004 \$ - 1,915,277

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
SEE ATTACHED FOR ADDITIONAL PAGES

Section 2, Page 12

Section 3, Page 19c

Section 3, Page 20

Section 3, Page 20c

Section 3, Page 23

Section 4, Page 56c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same Page, Revised 10-01-91, TN#92-02

Delete Page

Same Page, Revised 10-01-92, TN#92-03

Delete Page

Same Page, Revised 10-01-90, TN#90-24

Same Page, Revised 10-01-91, TN#92-01

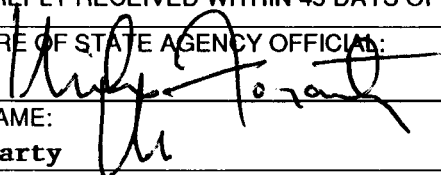
10. SUBJECT OF AMENDMENT:

☒ Removing Optional Medically Needy Program from Oklahoma's Medicaid State Plan and removing  
PACE program pages.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

May 13, 2003

16. RETURN TO:

Oklahoma Health Care Authority

attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

26 MARCH 2003

18. DATE APPROVED:

17 JUNE 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 FEBRUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Billie Wright

☒ Pen & Ink Changes as per conversation with Billie Wright

**CORRECTED**

MAY 19, 2003

ATTACHMENT TO HCFA-179 FOR OKLAHOMA STATE PLAN AMENDMENT #03-07

Attachment 2.2-A, Page 9b3  
Attachment 2.2-A, Page 24  
Attachment 2.2-A, Page 25  
Attachment 2.2-A, Page 25a  
Attachment 2.2-A, Page 26  
Attachment 2.2-A, Page 26a  
Attachment 2.2-A, Page 27

Delete Page  
Same Page, Revised 10-01-91, TN# 92-02  
Same Page, Revised 09-01-95, TN# 95-15  
Same Page, Revised 09-01-95, TN# 95-15  
Same Page, Revised 10-01-91, TN# 92-02  
Same Page, Revised 04-01-92, TN# 92-14  
Same Page, Revised 04-01-92, TN# 92-14

Supplement 1 to Attachment 2.6-A, Page 8  
Supplement 1 to Attachment 2.6-A, Page 9  
Supplement 2 to Attachment 2.6-A, Page 7

Same page, Revised 07-01-95, TN# 95-16  
Same page, Revised 07-01-95, TN# 95-16  
Same page, Revised 12-01-97, TN# 97-20

Attachment 3.1-B, Page 1  
Attachments 3.1-B, Pages 2 through 11

Same Page, Revised 10-01-86, TN# 86-20  
Delete Pages

Attachment 4.18-C, Page 1  
Attachment 4.18-C, Page 2  
Attachment 4.18-C, Page 3

Delete Page  
Same Page, Revised 03-01-93, TN# 93-06  
Same Page, Revised 03-01-93, TN# 93-06

Revision: HCFA-PM-91-4TC (BPD)

August 1991

State: OKLAHOMA

**Corrected**

ATTACHMENT 2.2-A

Page 24

OMB NO.: 0938-

Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.300

This plan includes the medically needy.

\* X No.

    Yes. This plan covers:

1902(e) of the  
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)  
(C)(ii)(I) of

3. Individuals under age 18 who, but for income and/or resources, would be eligible the Act under section 1902(a)(10)(A)(i)

\* Those persons determined eligible for the Medically Needy program prior to February 1, 2003, will continue to be eligible until the current certification expires.

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03

Supersedes

TN# 92-02

SUPERSEDES: TN- 92-02

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

State: OKLAHOMA

Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of  
the Act

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.

42 CFR 435.308

5. ☐ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of—  
    ☐ 21  
    ☐ 20  
    ☐ 19  
    ☐ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- ☐ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
- ☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
- ☐ (a) In foster homes (and are under the age of ☐).
- ☐ (b) In private institutions (and are under the age of ☐.

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03  
Supersedes  
TN No. 95-15

SUPERSEDES: TN- 95-15

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-27-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

State: OKLAHOMA

Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- ☐ c. In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
- ☐ (3) Individuals in NFs (who are under the age of \_\_\_\_). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_).
- ☐ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ☐ (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03

Supersedes

TN# 95-15

SUPERSEDES TN- 95-15

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>03-07</u>	

State: OKLAHOMA

Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- |                               |   |  |
|-------------------------------|---|--|
| 42 CFR 435.310                | — | 6. Caretaker relatives.  |
| 42 CFR 435.320<br>and 435.330 | — | 7. Aged individuals.   |
| 42 CFR 435.322<br>and 435.330 | — | 8. Blind individuals.  |
| 42 CFR 435.324<br>and 435.330 | — | 9. Disabled individuals.   |
| 42 CFR 435.326                | — | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.   |
| 435.340                       |   | 11. Blind and disabled individuals who: <ul style="list-style-type: none"><li>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;</li><li>b. Were eligible as medically needy in December 1973 as blind or disabled; and</li><li>c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.</li></ul> |

SUPERSEDES: TN- 92-02

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

Revised 02-01-03

N# 03-07 Approval Date 6-17-03 Effective Date 2-1-03  
Supersedes  
TN# 92-02

Revision: HCFA-PM-91-8 (BPD)  
October 1991

ATTACHMENT 2.2-A  
Page 26a  
OMB NO.: 0938-

State:

Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the  
Act

12. Individuals required to enroll in  
cost effective employer-based group  
health plans remain eligible for a minimum  
enrollment period of \_\_\_\_\_ months.

SUPERSEDES: TN- 92-14

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 113 <u>02-10-01</u>	

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03  
Supersedes  
TN# 92-14

State: OKLAHOMA

Citation	Groups Covered
Section 4723 of P. L. 101-508 and Section 1903(f)(2)(B)	_____ The State agency allows Medically Needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.

SUPERSEDES: TN- 92-14

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

Revised 02-01-03

TN# 03-07 Approval Date 6-17-03 Effective Date 2-1-03  
Supersedes  
TN# 92-14



Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 8  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☐ Applicable to all groups.

☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for <u>   </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR
	<u>   </u> urban only	435.1007*		435.1007*
	<u>   </u> urban & rural			
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:				
	\$	\$	\$	\$

\*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

SUPERSEDES: TN- 95-16

STATE <u>Oklahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

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TN# 95-16